

FEE TRANSMITTAL

Application Number 10/667,928 Art Unit 1743
Filing Date September 22, 2003 Confirmation No. 1620
Inventor(s) William K. Kappel et al.
Examiner Name Monique T. Cole
Attorney Docket Number SGM 6945.4 (SIG0431)

☐ Applicant claims small entity status.

METHOD OF PAYMENT

☐ The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

☒ Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. ☐ BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____

2. ☐ EXCESS CLAIM FEES

Total Claims ____ - ____ (HP) = ____ x Fee ____ = \$ ____
Indep Claims ____ - ____ (HP) = ____ x Fee ____ = \$ ____
Multiple Dependent Claims Fee \$ ____
(HP = highest number of claims paid for)

Subtotal (2) \$ _____

3. ☐ APPLICATION SIZE FEE

Total Pages ____ - 100 = ____ ÷ 50 = ____ x \$250 = \$ ____
(Application + Drawings) (round up to whole #)

Subtotal (3) \$ _____

4. ☒ OTHER FEE(S)

☒ one month extension of time
☐ Information disclosure statement
☐ 37 CFR 1.17(q) processing fee
☐ Non-English specification
☐ Notice of Appeal
☐ Filing a brief in support of appeal
☐ Request for oral hearing
☐ Other: _____

Subtotal (4) \$ 120.00

TOTAL AMOUNT OF PAYMENT \$ 120.00

Edward J. Hsilek, Reg. No. 31,525
Telephone: 314-231-5400

March 15, 2005
Date

EJH/sxm/dep
Express Mail Label No. EV 453250845 US

04/19/2005 HTECKLU1 00000071 10667928
01 FC:1251

120.00 DP

